

APPLICATION FOR ADMISSION



West Meadows Baptist Academy

Student Information

Applicant's Legal Name: _____
First Middle Last Suffix

Preferred Name: _____ Gender: Male Female

Date of Birth: ____/____/____ Social Security Number: ____/____/____
MM DD YEAR

Country of Birth: _____ Country of Citizenship: _____

Ethnicity: African-American American Indian or Alaskan Native Asian Caucasian Hispanic
 Native Hawaiian or other Pacific Islander Other

Student Resides With: Both Parents Father Mother Other _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: ____/____/____ Cell Phone: ____/____/____ Email: _____

Last Grade Successfully Completed: _____ Applying for Grade _____ School Year _____--_____

Has your child ever been placed on probation, denied enrollment, suspended, or expelled for disciplinary reasons by any school? Yes No If yes, please explain: _____

Has your child ever used alcohol, a non-medical drug, or tobacco? Yes No If yes, please explain: _____

Has your child ever been arrested for something other than a traffic violation? Yes No If yes, please explain: _____

Family Information

Check One: Father Stepfather Guardian

Name: _____
TITLE FIRST MIDDLE LAST SUFFIX

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: ____/____/____ Cell Phone: ____/____/____ Email: _____

Marital Status: Never Married Married Separated Divorced Divorced & Remarried Widowed

Check One: Mother Stepmother Guardian

Name: _____
TITLE FIRST MIDDLE LAST SUFFIX

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: ____/____/____ Cell Phone: ____/____/____ Email: _____

Marital Status: Never Married Married Separated Divorced Divorced & Remarried Widowed

Medical Information

Student's Physician: _____ Phone: ____/____/____

Does your child have any physical defects or allergies? Yes No If yes, please explain: _____

Is your child currently taking any medications/prescriptions? Yes No If yes, please explain: _____

Does your child have all proper immunizations as required by Florida (HRS680A)? Yes No If yes, please explain: _____

Do you have health insurance on your child? Yes No Policy Carrier: _____

Policy Number: _____ Policy Holder's Name: _____

Church Information

Church Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Pastor's Name: _____ Denomination: _____

Phone Number: ____/____/____ Email: _____ Website: _____